

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE  
Commissioner for Patents  
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**Fax** (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance order and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

06/28/2002

KLARQUIST SPARKMAN CAMPBELL LEIGH  
& WHINSTON  
ONE WORLD TRADE CENTER SUITE 1600  
121 S W SALMON STREET  
PORTLAND, OR 972042988

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmittal

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee Address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Kyle Rinehart	(Depositor's name)
<i>[Signature]</i>	(Signature)
6/30/02	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09267.563	03/12/1999	ALBERT SZU-CHI WANG	3362-51039	7244

TITLE OF INVENTION: MEDIA CODING FOR LOSS RECOVERY WITH REMOTELY PREDICTED DATA UNITS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	09/30/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
NAJJAR, SALEH	2154	709-231000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*Klarquist Sparkman, LLP*  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

*Microsoft Corporation*

*Redmond, Washington*

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☐ Issue Fee

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☐ Publication Fee

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☒ Advance Order - # of Copies 4

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Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

*KL Rinehart 47,027* *9/30/02*  
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10/09/2002 HZ12MEZ 00000151 09267563

01 FC:142  
02 FC:561

1280.00 OP  
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PTOL-85 (REV. 04-02) Approved for use through 01/31/2004. OMB 0651-0033

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